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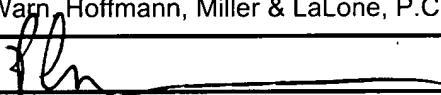
Total Number of Pages in This Submission

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|------------------------|----------------------|
| Application Number | 10/088,935 |
| Filing Date | 7/15/2002 |
| First Named Inventor | Olijnyk et al. |
| Art Unit | 2838 |
| Examiner Name | Pia Florence Tibbits |
| Attorney Docket Number | SCH-00065 |

ENCLOSURES (Check all that apply)

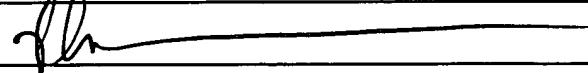
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC | | |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | | |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information | | |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter | | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): | | |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Issue Fee Transmittal Form PTOL-85; Return Receipt Postcard | | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | | | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | | | |
| <table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>In the event that overpayment occurs, or if any additional fees are due in order to prevent the abandonment of this application, please consider this as authorization to credit/charge Deposit Account No. 500906 (Schefenacker Vision Systems USA Inc.) for any such fees. A duplicate copy of this document is enclosed for this purpose.</td> </tr> </table> | | | Remarks | In the event that overpayment occurs, or if any additional fees are due in order to prevent the abandonment of this application, please consider this as authorization to credit/charge Deposit Account No. 500906 (Schefenacker Vision Systems USA Inc.) for any such fees. A duplicate copy of this document is enclosed for this purpose. |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|-------|
| Firm Name | Warn, Hoffmann, Miller & LaLone, P.C. | | |
| Signature |  | | |
| Printed name | Philip R. Warn | | |
| Date | June 28, 2005 | Reg. No. | 32775 |

CERTIFICATE OF TRANSMISSION/MAILING

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| Typed or printed name | Philip R. Warn - Reg. No. 32775 | Date | June 28, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.